



COUGAR FOOTBALL CAMP

BILL SMITH PARK

WHEN: JULY 26-29, 2011

TIME: 6:00P.M.- 8:00P.M

AGES: 6-15

COST: \$30.00

FUNDAMENTAL TRAINING / POSITION INSTRUCTION

TO REGISTER

PLEASE MAKE CHECKS OUT TO
COUGAR YOUTH FOOTBALL ORGANIZATION

IN MEMO AREA PLEASE INDICATE
FOOTBALL CAMP

CONTACT: DAVID KELLY (910) 612-4912

REGISTRATION FORM ON BACK

PLEASE CONTACT DAVID KELLY
AT

(910) 612-4912 WITH QUESTIONS.

YOU CAN REGISTER ON JULY 26th

AT BILL SMITH PARK

Cougar Football Camp
July 26-29, 2011 6:00pm to 8:00pm
Bill Smith Park
4410 Fish Factory Rd.
612-4912

(Please Print*) Name: _____ Male ☐ Female ☐

Date of Birth: _____ AGE: _____ T shirt size: _____

Parent/Guardian: _____

Address: _____

Phone # : _____ Work #: _____

Emergency contact: _____ Phone #: _____

Medical information staff should be aware of:

Parent Authorization

I, parent/guardian of the above named participant in the following activity, Football Camp, hereby give approval for his/her participation in any and all activities during the duration of the program/league/sport. I assume all risks and hazards incidental to participation including transportation to and from activities; and hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Oak Island, local league organization, sponsors, supervisors, officials, participants and all other persons involved in various capacities with the above activity for any claims, demands, or courses of action arising out of or by reason of the above activity for which the participant is registered. I also give my permission for the free and unrestricted use of my name and picture in any broadcast or written account of the event/activity.

I also grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the participant become ill or injured while participating in said activity or any associated activities at times when neither parent/guardian is available to grant authorization for emergency treatment.

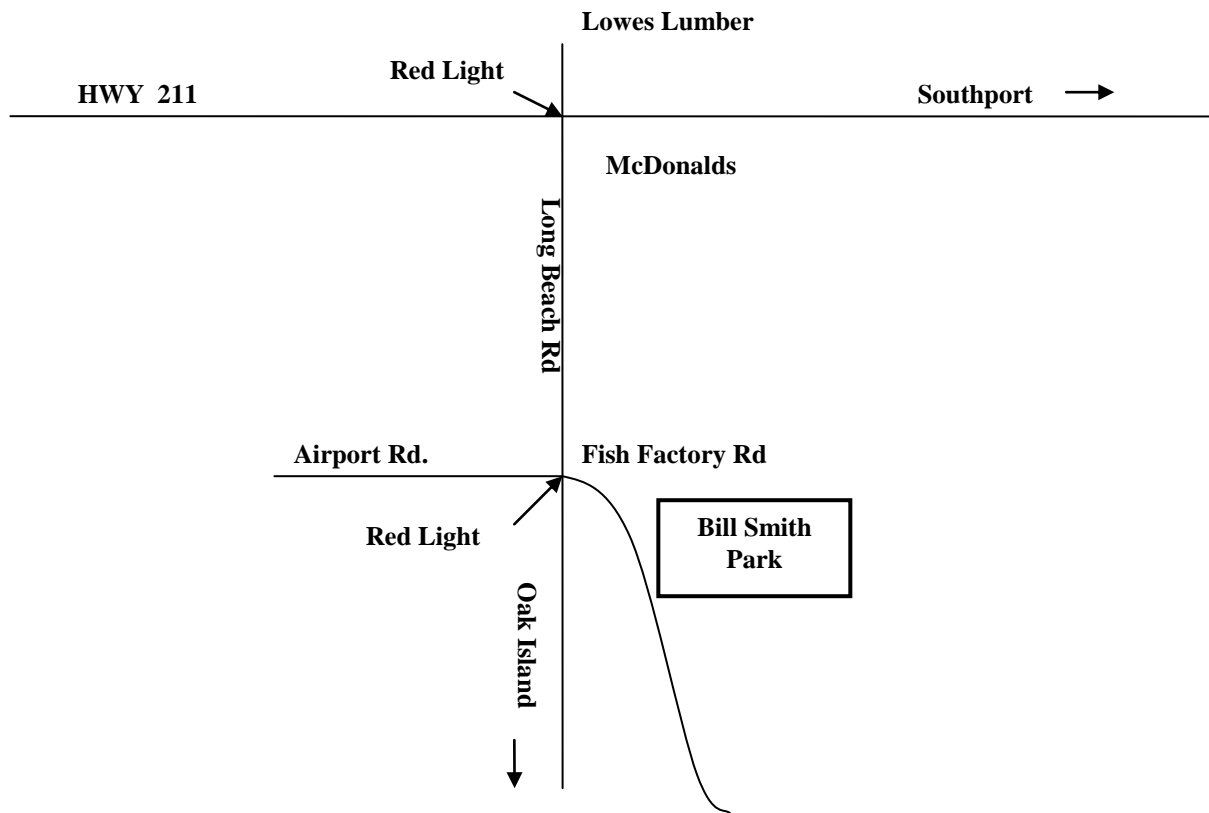
I also agree to return equipment/uniforms or any other supplies issued to the participant in good condition.

Parent/Guardian Signature: _____

Insurance information/Medical Carrier: _____

Fee: \$30.00 Paid Check # _____, Cash _____

Checks made out to Cougar Youth Football Organization
In memo area please indicate Football Camp
Contact Name: David Kelly (910) 612-4912



Take HWY 211 towards Southport, Take a right @ Red Light onto Long Beach Rd. (McDonalds) towards Oak Island, @ next Red Light take a left onto Fish Factory Rd. Park on left. (4410 Fish Factory Rd.)

